

Indiana Public Archaeology Symposium

September 26, 2015

Registration Form



Name _____

Institution _____

Email address _____



Please Choose One:

	Type of Registration	Amount
	Professional/Non-student	\$15
	Student	\$10

Method of Payment:

_____ Cash

_____ Check Check number _____

Checks should be made out to ARCHAIC

Will you be presenting? ☐ Yes ☐ No

Name of presentation:

Abstracts are due to Rachel Sharkey at rsharkey@dnr.in.gov by **August 14, 2015**.

Please return this form to Rachel Sharkey by **September 1, 2015**.